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Applicant(s):	Keane et al.	Atty. Docket No.:	P-4461/2R1
Serial No.:	10/807,555	Group Art Unit:	3744
Filed:	March 23, 2004	Examiner:	Filip Zee
For:	Syringe Tip Cap		

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The following documents are attached to this facsimile:

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1. Transmittal Form – 1 page
2. Petition for Extension of Time – 1 page
3. Amendment response to Office Action mailed on April 6, 2005 – 9 pages

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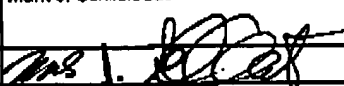
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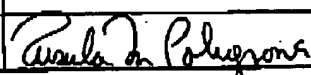
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/807,555
	Filing Date	March 23, 2004
	First Named Inventor	Keane et al.
	Art Unit	3744
	Examiner Name	Philp Zee
Total Number of Pages In This Submission	Attorney Docket Number	P-4461/2R1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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